

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | Ch | 62614 | 4/1/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | RS | 61730 | 4-27-00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|--------|
| Final Original | 2/6/04 |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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